

NIH CRADA CLEARANCE DOCUMENT

(COOPERATIVE RESEARCH AND DEVELOPMENT AGREEMENT)

Revised 5/14/99 OTT

After the provisions of a Cooperative Research and Development Agreement have been negotiated, the CRADA must go through Clearance Procedures. This form documents the approval process.

Initials:

NIH CRADA NO:	TERM:	STANDARD CRADA <input type="checkbox"/>	MATERIALS CRADA <input type="checkbox"/>	Effective Date:
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TITLE:

INSTITUTE (1)	COLLABORATOR (1)
INSTITUTE (2)	COLLABORATOR (2)

NIH PI (1)	STREET:
NIH PI (2) *	CITY: STATE ZIPCODE

Is primary PI Tenured or Tenured Track? <input type="checkbox"/> Y <input type="checkbox"/> N	COLLABORATOR PI (1)
Are any of the PI's Extramural? <input type="checkbox"/> Y <input type="checkbox"/> N	COLLABORATOR PI (2)

TELEPHONE:	TELEPHONE:
FAX TELEPHONE:	FAX TELEPHONE:

Location: Building Room

*If more than one, the first is the primary PI.

Are there pre-existing PHS patent rights which govern the subject matter of this CRADA? ☐ Y ☐ N If yes, give Patent or Application No.(s):

Is there an effective Letter of Intent for this CRADA? If so, give date of letter

Will this CRADA use: ☐ Animal Tissue ☐ Human Tissue Indicate Animal Assurance No. _____

Indicate Human Assurance No. _____

Does this CRADA involve: (Check all applicable) ☐ Basic Research ☐ Pre-Clinical Research ☐ Clinical Research ☐ Other _____

Was this CRADA discussed with more than one applicant? ☐ Y ☐ N No. of Applicants Insert Text/ Small Business
No. of Applicants Insert Text /Large Business

Is collaborator a small or large for-profit entity? ☐ S ☐ L ☐ Not Applicable

Is collaborator a non-profit entity? ☐ Y ☐ N

Is this CRADA with a foreign collaborator? ☐ Y ☐ N Country _____

Are there modifications to Appendix C (Standard CRADA) or Appendix B (Materials CRADA)? ☐ Y ☐ N

KEYWORDS (Check all applicable)	<input type="checkbox"/>	CARDIOVASCULAR	<input type="checkbox"/>	NON-LABORATORY RESEARCH	<input type="checkbox"/>	VACCINE
	<input type="checkbox"/>	CANCER	<input type="checkbox"/>	RESEARCH TOOL	<input type="checkbox"/>	DEVICE/INSTRUMENTATION
	<input type="checkbox"/>	GENE THERAPY	<input type="checkbox"/>	DIAGNOSTIC	<input type="checkbox"/>	DRUG DEVELOPMENT
	<input type="checkbox"/>	AIDS	<input type="checkbox"/>	THERAPEUTIC	<input type="checkbox"/>	OTHER _____

TOTAL NUMBER OF PERSON YEARS	DOLLAR FROM COLLABORATOR TO NIH	If amount varies year to year, 1 st
NIH:	AVERAGE \$ PER YEAR:	show each year 2 nd
COLLABORATOR:	TOTAL \$ PER TERM:	3 rd
		4 th
		5 th

<u>IC APPROVAL</u>		<u>NIH APPROVAL (NOT NECESSARY FOR MATERIALS CRADAS)</u>	
NIH PRINCIPAL INVESTIGATOR	DATE	OFFICE OF TECHNOLOGY TRANSFER, DIRECTOR	DATE
NIH LABORATORY CHIEF	DATE	NIH LEGAL ADVISOR	DATE
IC SCIENTIFIC DIRECTOR	DATE	CRADA SUBCOMMITTEE, CHAIR	DATE
IC TECHNOLOGY DEVELOPMENT COORDINATOR	DATE	NIH DIRECTOR	DATE

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